## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ST. MARIES, CITYOF ADDRESS: 602 COLLEGE AVE.

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)

ST MARIES, ID 83861

ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 03/01/2016 03/31/2016

DMR Mailing ZIP CODE: 83861 MINOR

(SUBR 01)

APR 1 8 2016

External Outfall

U.S. EPHAPERENL 10 Office of Compliance and Enforcement

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	UE VALUE		VALUE	VALUE VALUE		UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	经按查证款	to the the the the	the the tile the tile tile	úńńńń	9.8	11.2	deg C	0	Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	指於教教教教	传染染染染	物放射效物物	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	र्वत की की की की की	de de de de de de	11.75	12.18	杂杂杂杂杂	mg/L	0	Monthly	GRAE
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	hinhih	物物物物物物	Req. Mon. DAILY MN	Req. Mon. MO AVG	ste ste ste ste ste	mg/L		Monthly	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	169.5	258.54	lb/d	*****	10.7	12.4	mg/L	0	Weekly	COMP2
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	the the the the th	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	4310	ate at e ate at e ate	lb/d	物物物物物	215,36	ale ale ale ale ale ale	mg/L	0	Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	norma	lb/d	ste de de de de de	Req. Mon. MO AVG	habbah	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	****	有有有有有	*****	7.01	杂布农农农农	8.22	su	0	Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	杂杂杂杂杂杂	****	计计计计计	*****	N/A	N/A	mg/l	0	once per 2 month	COMP2
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	the the the the the	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	116.46	258.54	lb/d	*****	7.35	12.4	mg/L	0	Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	तीर कीर तीर कीर कीर	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	-//	91 (1)	TELEP	HONE	DATE
Horry Grubham/Maur	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		URE OF PRINCIPAL EXECUTIVE OFFICER OR	208 245 2	577	04/11/20
TYPED OR PRINTED	and improvement to knowing strengths.		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ST. MARIES, CITYOF ADDRESS: 602 COLLEGE AVE.

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)

ST MARIES, ID 83861

ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2016

03/31/2016

DMR Mailing ZIP CODE:

S

83861

MINOR (SUBR 01)

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
	regions and	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	11489.18	物政治政治的	lb/d	****	374	物物的物物	mg/L	0	Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	the the arts who the	lb/d	thhhhh	Req. Mon. MO AVG	the state of the state of the	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	nnnnn	ple ple she she she she	*****	我我我我我	2.5	4.03	mg/L	0	Weekly	Comp24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	kkkkkk	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	我们的我们	5.89	5.89	mg/L	0	Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ple de die te de	the she she she she	hhibit	the she she she she	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	nninn	有有效的价值	治疗治治疗治	在我的会会在	1,62	1.62	mg/L	0	Monthly	COMP24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	teresen	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	非常教教教	****	ste ste ste ste ste ste	ste ste ste ste ste	.960	. 960	mg/L	0	Monthly	Comp24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	***	<b>非教的教教教</b>	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	ste ste ste ste ste ste	ste ste ste ste ste ste	ste gle ste de de de	N/A	MA	mg/L	0	once per 2 months	Comp24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	按按按控約按	****	ste the ste ste ste	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	the the the the the	ste ste ste ste ste ste	ale ale ale ale ale	ste yte ste ste ste ste	.596	.576	mg/L	0	Twice per Year	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	de de de de de de	the site the tile the tile	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

THE PROPERTY OF THE PROPERTY O	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	7/	27 81	TELEP	HONE
Harry Grubham/Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		NCIPAL EXECUTIVE OFFICER OR	208-245-2577	
TYPED OR PRINTED		• AUI	HORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DATE

MM/DD/YYYY

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ST. MARIES, CITYOF ADDRESS: 602 COLLEGE AVE.

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP

LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)

ST MARIES, ID 83861

ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY 03/01/2016

MM/DD/YYYY 03/31/2016

DMR Mailing ZIP CODE:

83861

MINOR

(SUBR 01)

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC- MF	SAMPLE MEASUREMENT	自由在自由自	非宗宗宗宗	the site tile tile tile tile	ste ste ste ste ste	3	13	#/100ml	0	Five per month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	the the the the the	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1,935	3.536	MGD	****	有有卖卖卖卖	****	*****	0	continuous	Recorde (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	ste ste ste ste ste	ale ale ale ale ale ale	और और मेर मेर मेर मेर	nnnnn		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.4	2.21	lb/d	de ste ste de de de	. 09	,14	mg/L	0	Five per week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5- day, percent removal	SAMPLE MEASUREMENT	<b>拉帕拉帕拉</b>	拉拉拉拉拉	<b>按按按按按</b>	96	杂杂杂杂杂杂	****	%	0	Weekly	CALCTE
81010 K 0 Percent Removal	PERMIT REQUIREMENT	物物物物物	the state the state	****	85 MINIMUM	经按特殊转	sterile de sterile de	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	ste ste ste ste ste ste	र्शन कींग कींग कींग कींग कींग	ale ple ple ple ple ple	98	******	按索查查查查	%	0	Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	n in de de de de	hhhhh	****	85 MINIMUM	****	有有有有有	%		Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA Code NUMBER

MM/DD/YYYY

DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)